

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number

10/554,252

Filing Date

January 18, 2007

First Named Inventor

William C. Sessa

Art Unit

1646

Examiner Name

Prema Maria Mertz

Attorney Docket Number

YU/110

ENCLOSURES (Check all that apply)

Fee Transmittal Form



Fee Attached

Response to Restriction
Requirement and Preliminary
Amendment

After Final



Affidavits/declaration(s)



Extension of Time Request



Express Abandonment Request



Information Disclosure Statement

Certified Copy of Priority
Document(s)Reply to Missing Parts/
Incomplete ApplicationReply to Missing Parts
under 37 CFR 1.52 or 1.53

Drawing(s)



Licensing-related Papers



Petition

Petition to Convert to a
Provisional ApplicationPower of Attorney, Revocation
Change of Correspondence Address

Terminal Disclaimer



Request for Refund



CD, Number of CD(s) _____



Landscape Table on CD



After Allowance Communication to TC

Appeal Communication to Board
of Appeals and InterferencesAppeal Communication to TC
(Appeal Notice, Brief, Reply Brief)

Proprietary Information



Status Letter

Other Enclosure(s) (please identify
below):

Postcard

Remarks

The Director is hereby authorized to charge payment of any fees required in connection with filing of these papers to Deposit Account No. 06-1075, Order No. 003802-0013. A duplicate copy of this letter is transmitted herewith.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

Ropes & Gray LLP

Signature

Printed name

Ryan D. Murphey

Date

August 4, 2008

Reg. No.

61,156

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Signature

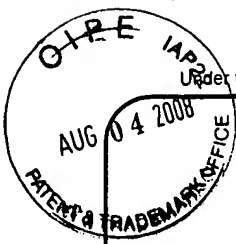
Typed or printed name

ROSE MARIE DHANRAJ

Date

August 4, 2008

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<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks The Director is hereby authorized to charge payment of any fees required in connection with filing of these papers to Deposit Account No. 06-1075, Order No. 003802-0013. A duplicate copy of this letter is transmitted herewith.	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application		
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